Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2012	
Open to Publi	Ĉ

	For th	ne 2012 calendar year, or tax year beginning APRIL 1 , 2012, and endi		MARCH 31	, 20	13
_		C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS		D Employer ider	ntification num	ber
В	Check if a	LOCAL NO. 11 POLITICAL ACTION COMMITTEE				
Γ	Addr			95-38	345463	
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone nur	mber	
F	Initia	return 297 N. MARENGO AVENUE		626-2	243-9700	
-	Term	City, town or post office, state, and ZIP code				
 	Ame	nded PASADENA CA 91101-1567		G Gross receipts	\$	663,259
r		F Name and address of principal officer		H(a) is this a group		Yes X N
L	pend	Marvin Kropke Same as C above		affiliates? H(b) Are all affiliate		Yes X N
_	Tay-ey		77	1 ` '	a list (see instruc	,
÷		tempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or X 52 te. ▶ N/A		1		2101137
<u>, , , , , , , , , , , , , , , , , , , </u>				H(c) Group exempt		
		OD CONTENT MY CONT	or forma	tion 1982 M S	tate of legal do	micile CA
	auli	Summary				
	1	Briefly describe the organization's mission or most significant activities	<u>-</u> -	 -		
ç	3	To support or oppose candidates which further the goals	5 Of	the organi	zation.	
Ì					 _	 _
-	,					
Concuration	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more th	an 25%	of its net assets		
0	s 3	Number of voting members of the governing body (Part VI, line 1a)			3	
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	
Activitoe	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	
۲	6	Total number of volunteers (estimate if necessary)			6	
	-	Total unrelated business revenue from Part VIII, column (C), line 12				
		Net unrelated business taxable income from Form 990-T, line 34			7b	
_	 ~~	The difficulty business taxable income from the 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Τ̈́	Prior Year		ent Year
	. 8	Contributions and grants (Part VIII, line 1h)		61,32		64,885
9	9	Program service revenue (Part VIII, line 2g)		48,80		598,374
oli dovod	10	Investment income (Part VIII, solumn (A) lines 2.4 and 7d)	-	40,0	-	330,314
ď	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110 1		662 056
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		110,19	9.5	663,259
	13	Grants and similar amounts paid (Part-IX,-column (A), lines 1-3)				
	14	Benefits paid to or for members (Part VX column (A), line 4)	-			
g	15	Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)	<u> </u>			
aoanoux H	16a	Professional fundraising fees (Part IX, column (A), tine 11e)				
\$	þ	Total fundraising expenses (Part IX, column (D), line 25) ▶	Gi, r			<u> </u>
щ	17	Other expenses (Part IX, column (A), lines 11a 110, 1 (f-24e)		198,22	23	647,964
	18	Total expenses Add lines 13-17 (must equal Fart IX, column (A), line 25)		198,22	23	647,964
	19	Revenue less expenses Subtract line-18-from time 12		-88,03	30	15,295
ō	מט –			nning of Current Ye	ar End	of Year
Net Assets or	20	Total assets (Part X, line 16)		64,00	01	79,296
Ass	21	Total liabilities (Part X, line 26)				<u> </u>
Net	22	Net assets or fund balances Subtract line 21 from line 20		64,00	0.1	79,296
	acil	Signature-Block				,250
		nalties of perjuly, declare that I have examined this return, including accompanying schedules and state	ments a	and to the best of r	my knowledge	and heliof it
tri	ie, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has	as any ki	nowledge	my knowledge	and benefit it
		1 / Mun / Stall / 1			7/5/13	3
				Doto	71~11	<u></u>
Si	gn	Signature of officer				
Si:	-	organization of onlines		Date		
	gn ere	MARVIN KROPKE - TREASURER		Date		
	-	MARVIN KROPKE - TREASURER Type or print name and title		Date		
He	ere	MARVIN KROPKE - TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date	/	Check		
He Pa	ere	MARVIN KROPKE - TREASURER Type or print name and title	/13		'	178726
Pa Pro	ere id eparer	MARVIN KROPKE - TREASURER Type or print name and title Print/Type preparer's name KENNETH R. HOLMER, CPA Firm's name MILLER KARLAN ARSE LLD	/13	Check	POO	
Pa Pro Us	ere id eparer e Only	MARVIN KROPKE - TREASURER Type or print name and title Print/Type preparer's name KENNETH R. HOLMER, CPA Firm's name MILLER KAPLAN ARASE LLP Firm's address 4123 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91602-		Check self-employed	POO	5
Pa Pro Us	ere id eparer e Only	MARVIN KROPKE - TREASURER Type or print name and title Print/Type preparer's name KENNETH R. HOLMER, CPA Firm's name MILLER KAPLAN ARASE LLP		Check self-employed	P00 5-203625 18-769-2	5 010

	m 990 (2012)			- <u></u> -	Page 2
Pa		ement of Program Service A			
_			esponse to any question in this Part III	· · · · · · · · · · · · · · · · · · ·	
1		be the organization's mission			
	To suppor	rt or oppose candida	ates which further the goa	als of the organization.	
		 			
	Did the same	and the supplementation of the supplementatio	sport program convers diving the use	ar which were not listed on the	
2	prior Form 99	90 or 990-EZ?	icant program services during the year	I	Yes X No
	•	ribe these new services on So			
3	-	_	or make significant changes in h		Yes X No
		ribe these changes on Sched			
4			rvice accomplishments for each of it		
			 4) organizations are required to reported 	ort the amount of grants and allo	cations to otners,
	the total expe	enses, and revenue, it any, for	each program service reported		
40	(Codo	\/Fynansas (f	including grants of \$	\/Dayanya f	
4a	(Code) (Expenses \$	including grants of \$)(Revenue \$	
			·- ·-	· · · · · · · · · · · · · · · · · · ·	
					
		·		· · · · · · · · · · · · · · · · · · ·	
					
					
	-				
					
4b	(Code) (Expenses \$	including grants of \$)(Revenue \$)
	`				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		<u>.</u>			
					
					
4-3	Other	m namuna (Dennih na C.)	d.d= 0)		
4 a		m services (Describe in Sche	•	Φ.	
4	(Expenses \$	including gra	ants of \$)(Revenue	D)	
46	Total progra	m service expenses ▶			

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Rain	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		v	l
	candidates for public office? If "Yes," complete Schedule C, Part I	3_	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Part III	<u> </u>		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		·	
·	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ļ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			*, *,
	VII, VIII, IX, or X as applicable			: : ·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	<u>├</u> ^
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
42.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		[
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	olf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	i .

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Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a				
2 T U	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		į	
	through 24d and complete Schedule K If "No," go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
٥	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	200		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ga i		» »
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b		Jou		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
26		000		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
97	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			٠,,
•	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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A Davidson	990 (2012)		F	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
		[mileman.co.act]	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	5.0		5.2
	reportable gaming (gambling) winnings to prize winners?	1c	X	************
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	73.4 A		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		н 1	A., ဆုံးကြား
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		***
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ <u>x</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		37
	account)?	4a	vi izida	_ <u>X</u>
D	If "Yes," enter the name of the foreign country			
.	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		376, 21°	W. M. ak
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	27.4		
u	and services provided to the payor?	7a	W	** a **
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	// · · · · ·	, k. As	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	`	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	64/Ag/%-1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u>}</u>	. Š	Š.
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	egi en Mil. va		
а	Did the organization make any taxable distributions under section 4966?			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	P. Ta	market file	77.750 11.509
а	Initiation fees and capital contributions included on Part VIII, line 12		3.5 7	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	[37] A		
а	Gross income from members or shareholders	× .		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
_	Note. See the instructions for additional information the organization must report on Schedule O		77)	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	0.00	4	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI......

<u>Sect</u>	tion A. Governing Body and Management			
		F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		r digit,	1 - 2
	If there are material differences in voting rights among members of the governing body, or if the governing		, S	1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	- 1	,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0		N 42	1.3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
	any other officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			7
	the year by the following	2.5		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X_
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	<u> </u>		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		, F. 7.	3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u> _
14	Did the organization have a written document retention and destruction policy?	14	4.	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		T (1)	alittiivi
а	The organization's CEO, Executive Director, or top management official	15a_		
b	Other officers or key employees of the organization	15b		10 Sec. 10 A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			Chicago
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		gentis'	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3 11 16 18 18 18 18 18 18 18 18 18 18 18 18 18		164
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3300		
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)((3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finte	rest p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Jeffrey Slomiak 297 N. Marengo Ave., Pasadena, CA 91101 626-2		714	

0 000 (20	-,									
Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Con	tractors								

•		
Charles Cabadala O agestama a reasonaga ta ana superference than Dort VII	1 1	
Check if Schedule O contains a response to any question in this Part VII		
		_

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor	any related	l orga	nıza	ition	cor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or di	unles	Pos heck ss pe	rson	e than or/trushest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Marvin Kropke	1	1							170 440	45 005
Treasurer (2)	 		-	Х				0	179,448	47,897
_(3)		1								
_(4)										
_(5)							_			
_(6)				-						
_(7)			-							
(8)										
_(9)										
(10)										
(11)					:					
(12)										
(13)										
(14)		-								

Page o

Section A. Officers, Directors, Tru	(B)	y Em	ipio		es, C)	and F	ligi	nest Compensat	ea Emplo	yees (c	ontinuea)
(A) , Name and title	Average hours per week (list any	box,	unles	Pos neck s pe	ition more	e than o	an	(D) Reportable compensation	(E) Reports		(F) Estimated amount of
	hours for related organizations below dotted line)	or o	a Institutional trustee	a Officer	Key employee	Highest compensated	e) Former	from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	ed itions	other compensation from the organization and related organizations
(15)											
(16)											
(17)										_	
(18)											
(19)											
(20)					-						
(24)					-						
(22)				-							
(22)											
(24)											L
(25)											
1b Sub-total	ection A .						A A			9,448 9,448	47,897 47,897
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose						ceived more than	<u> </u>		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru Iividi	ıste ual	:e,	key e	emp	loyee, or highes	t compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of repeater than	ortab \$15	ole c 50,0	om	per	isatioi "Yes	n aı ;," (nd other compens complete Schedu	sation from le J for	the such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	satio	on '	fron	n any	un	related organizati	on or indiv	ıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest com	nensated i	ndene	ende	nt ·	con	tracto	rs t	hat received more	than \$10	0.000.0	ıf
compensation from the organization Report of year											
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compensation
							1				
O Table and a second se										7.	W(M)
2 Total number of independent contractors received more than \$100,000 of compensation							.0	tnose listed abo	ve) who		

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse to any ques	tion in this Part VII	1 <u></u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		64,885			
Service Revenue	2a b	Membership Dues Allocation	Business Code 900099	24.2			
Program Serv	d e f g	All other program service revenue Total. Add lines 2a-2f	>	598,374	527 ORGA NOT TO CO (B), (C)	NIZATION ELEC	CTING JMNS
	4 5	other similar amounts)	▶		(B), (C)	, OR (D)	
	6a b c d	Gross rents	(ii) Other				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ii) Galei				
Other Revenue	d 8a b	Net gain or (loss)					
Oth	c 9a b	Net income or (loss) from fundraising events. Gross income from gaming activities See Part IV, line 19					
		Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory.					
	11a b	Miscellaneous Revenue					
	d e 12	All other revenue		663,259			K LX

Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations m				
	Check if Schedule O contains a resp	ponse to any question	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Pàrt VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .			TANK TENE	
2	Grants and other assistance to individuals in				10人代表人名人名
	the United States See Part IV, line 22				Act of the second
3	Grants and other assistance to governments,				第1、 11. 11. 11. 11. 11. 11. 11. 11. 11. 1
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			AND THE SECOND	
4	Benefits paid to or for members			1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section		<u> </u>	'	'
	401(k) and 403(b) employer contributions)				
9	Other employee benefits			GANIZATION ELEC	
10	Payroll taxes		!	COMPLETE COLU	JMNS
11	Fees for services (non-employees)		(B), (C), OR (D)	
	Management				
	Legal		*		
	Accounting	8,965	·		-
d					
	Professional fundraising services See Part IV, line 17		12 Y 2 1 1 1 1 1	2 · 4	
	Investment management fees		-		
	Other (If line 11g amount exceeds 10% of line 25, column				
~	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				- ·
13	Office expenses	50			
14	Information technology				
15	Royalties				
16	Occupancy			· -	-
17	Travel		·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				······································
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance				<u> </u>
24	Other expenses Itemize expenses not covered	ž		, , , , , , , , , , , , , , , , , , , ,	Nation and a second
	above (List miscellaneous expenses in line 24e If	s ·			
	line 24e amount exceeds 10% of line 25, column	ラー ディグ・イー			
	(A) amount, list line 24e expenses on Schedule O)	* * * * * * * * * * * * * * * * * * * *	, , ,	* * * * * * * * * * * * * * * * * * *	
а	Political Contributions	637,050			
b	Administrative Fees	1,899			
С					
d	*				
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	647,964			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and			,	
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

गुज्ञ	LWAY!	Check if Schedule O contains a response to any question in this Pa	rt X		
		Check it Schedule O contains a response to any question in this ra	(A)		(B)
		•	Beginning of year		End of year
	1	Cash - non-interest-bearing	64,001	1	79,296
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees	Art Hard		
		Complete Port II of Cabadula I	W. S.	5	1 br 1 000 1 0 Mar 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6	Loans and other receivables from other disqualified persons (as defined under section			KANDAGAL SI SI
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L	W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W.	6	CPT was did has numbers. In
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
~	9	Prepaid expenses and deferred charges		9	
1	10 a	Land, buildings, and equipment cost or			HARMAN STRANGEN
		other basis Complete Part VI of Schedule D 10a		in the second	
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	79,296
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
!	20	Tax-exempt bond liabilities		20_	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			**************************************
iab		trustees, key employees, highest compensated employees, and		4	
		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
\dashv	26	Total liabilities. Add lines 17 through 25	/w to may 2%, 35 - 2 - 3 - 35	26	29 000000000000000000000000000000000000
_s		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27				
జ	27 28	Unrestricted net assets		27	<u> </u>
ä	29	Temporarily restricted net assets		28	
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here	- 1	29	
<u>"</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As		Retained earnings, endowment, accumulated income, or other funds	64,001	32	79,296
Nei	33	Total net assets or fund balances	64,001		79,296
	34	Total liabilities and net assets/fund balances	64,001		79,296

Form 98	90 (2012)				Pa	ge IZ
Part	XI. Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			663	,259
2	Total expenses (must equal Part IX, column (A), line 25)	2			647	,964
3	Revenue less expenses Subtract line 2 from line 1	3			_15_	, 295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			64	,001
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			79	,296
Part						
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			َ _{اُنْهُ} ﴿ مَ)'. »
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın 🏻	, .	y - Er 46,	ر [*] (۶۰
	Schedule O		ž	<u> </u>	Suga	55 600 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	,	TO E	5.00
	reviewed on a separate basis, consolidated basis, or both		3			
	Separate basis Consolidated basis Both consolidated and separate basis			- 352		
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud		120			
	separate basis, consolidated basis, or both		367	7.5		
	Separate basis Consolidated basis Both consolidated and separate basis		,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	_	L	2c		
	If the organization changed either its oversight process or selection process during the tax year,				h	
	Schedule O	•			, ŽŠ.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et forth	ı ın 📗			
	the Single Audit Act and OMB Circular A-133?		i	3a	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2012)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
Nam	e of organization INTERNATIO	NAL BROTHERHOOD OF ELEC	TRICAL WORKER	S Employer identif	fication number
Name of the	PARTICIPATION	11 POLITICAL ACTION CON		95-38454	
Pa		rganization is exempt under			nization.
1		organization's direct and indirect			
2					637,050
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Pa	Complete if the o	rganization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4 a b	Was a correction made? If "Yes," describe in Part IV				Yes No
Pa	Complete if the o	rganization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>). </u>
1	Enter the amount directly e	xpended by the filing organization	n for section 527 ex	xempt function	
	activities			▶ \$	
2		ng organization's funds contributed	•		
	527 exempt function activiti	es		▶ \$	
3		enditures Add lines 1 and 2 Er			
		F 4400 DOL f			
4		e Form 1120-POL for this year?			
5		and employer identification numb s For each organization listed, er			
		tributions received that were pron			
		nd or a political action committee		· · · · · · · · · · · · · · · · · · ·	*
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / (dd/c33	(6) 1114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)			_		
(2)			-		
			 	<u> </u>	
(3)			1	ļ	
(4)					
· · ·				<u> </u>	_
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

D	•
Page	4

Sch	edule C (Form 990 or 990-EZ) 2012			Page 2
R	cart II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction under
Α		belongs to an affiliated group (and list in P	-	roup member's
В		enses, and share of excess lobbying expen checked box A and "limited control" provis		
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals
1;	a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)		
-	 Total lobbying expenditures to influence 	e a legislative body (direct lobbying)		
(c Total lobbying expenditures (add lines	1a and 1b)		
•	d Other exempt purpose expenditures .			
•		dd lines 1c and 1d)		
1	f Lobbying nontaxable amount Enter t	he amount from the following table in both		
	columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		A A
	Over \$17,000,000	\$1,000,000	A A CHILDREN	
9	g Grassroots nontaxable amount (enter:	25% of line 1f)		
1	h Subtract line 1g from line 1a If zero or	less, enter -0-		
į	Subtract line 1f from line 1c If zero or	less, enter -0-		
j		o on either line 1h or line 1i, did the organi		
	reporting section 4911 tax for this year	<u> ? </u>	<u></u>	Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Pa	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity	Yes	No	Aı	mount	
1 a b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?	-	ļ			
d e	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	<u> </u>				
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h		<u> </u>				
i	Other actuation?					- "
j	Total Add lines 1c through 1i	3	477			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			The state of the s	\$ 1.00 m) was programment
b		4.77				
С			T 3			
d					8	n
Pa		(c)(5), or s	ection		
1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIIEE Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	oR (c)(5) OR (b) Pa	2 3 section	1 2 3	is
Pa	Supplemental Information					
list), Par	Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information t I-A - Line 1:					
				. 		
				·		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Employer identification number

95-3845463

OMB No 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 11 POLITICAL ACTION COMMITTEE

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Individual							
	(B) Breakd	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
Marvin Kropke - Treasurer (i)		-					
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Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

Employer identification number

Department of the Treasury , Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL NO. 11 POLITICAL ACTION COMMITTEE	95-3845463
Part VI - Line 6:	
The members of the organization are the members of the spons	oring organization - Int'l
Brotherhood of Electrical Workers Local 11 (related tax-exem	pt organization).
Part VI - Line 11b:	
The Form 990 was distributed to the responsible officer to b	e reviewed before it is
filed.	
Part VI - Line 19:	
The governing documents are maintained at the Organization's	address and are made
available for inspection upon written request.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Open to Publi

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34,35, 36, or 37. ► Attach to Form 990. Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO.

▶ See separate instructions.

11 POLITICAL ACTION COMMITTEE

Employer identification number

95-3845463

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity å × Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, Ime 34 because it had one or more related tax-exempt organizations during the tax year.) (f) Direct controlling (e) End-of-year assets N/APublic chanty status (if section 501(c)(3)) (d) Total income N/A e (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (c) (5) Legal domicile (state or foreign country) (b) Primary activity CAORGANIZATION Primary activity LABOR (a) Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. I.B.E.W. LOCAL NO. 11 EIN 95-0516994 297 N. MARGENO AVE. PASADENA, CA 91101 Name, address, and EIN of related organization (1) I.B.E.W. LOCAL NO. 11 4 (1) **(2)** (5) 2 (E) **(**9) (3) (4) (5) 9

Schedule R (Form 990) 2012

(k) Percentage ownership (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 (i)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportonale Yes No (g) Share of end-of-year assets (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year.) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (7) € Ξ (2) ପ୍ର 3 <u>(6</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total		(h) Percen- 512	(I) Section 512(b)(13)
		(state or foreign country)	enuty	(c corp, s corp, or trust)	Income	end-or-year assets	tage ownership	controlled entity?
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						Schedule R (Form 990) 2012	Form 990) 2012

Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) PartV

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1	e. Complete line I if any entity is listed in Parts II, iii, of IV of this schedule During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s).	Loans or loan guarantees to or for related organization(s)	Loans or loan quarantees by related organization(s)		1	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s),	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitati	Performance of services or membership or fundraising solicitati	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)		Reimbursement paid to related organization(s) for expenses.	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions f]		•
1	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this II During the tax year, did the organization engage in any of the fo	a Re	Ö Q	ر ق	d Lo	e Lo			5	g Sa	h Pu	Ж	Le		k Le	- Pe	m Pe	n Sh	o Sh			q Re				Ŧ				_			_			
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EIN 95-3845463

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships	anization see instru	actions regardin	g exclusion for c	seriain inves	ment parmers	Sdiris			٠		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domoile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(J) General or managing partner,		(k) Percentage ownership
				Yes No			Yes No		Yes	No	
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Schedule R (Form 990) 2012